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# LOOKING TO CONGRESS

CHAIR OF RCN CONGRESS  
STUART MCKENZIE P9

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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## NHS pay offer latest

As *RCN Bulletin* went to press votes were being counted in the member consultation on the Government's revised pay offer for NHS staff in England. RCN Council will meet on 4 March to discuss the outcome ahead of a joint trade union meeting five days later. At this gathering of the NHS Staff Council a collective response to the offer will be determined. Find out more at [www.rcn.org.uk/whatif](http://www.rcn.org.uk/whatif)

## Action against assaults

The RCN has called for harsher punishments for people who attack health care staff after it was reported that more than 6,200 assaults were recorded in Northern Ireland health trusts last year. "It is mostly nursing staff who are the victims because they're working on the frontline," said Garrett Martin, Deputy Director of RCN Northern Ireland. "There is an onus on the judiciary to make sure perpetrators are dealt with severely."

## Career boost

Members at every stage of their career will find something to interest them at the *RCN Bulletin* jobs fair at the SECC in Glasgow on 9 and 10 April. The free event will feature more than 50 exhibitors offering the prospect of hundreds of jobs. There's also a comprehensive programme of free seminars on topics including CV writing, interview skills and NMC revalidation. Register at [www.rcnbulletinjobsfair.com](http://www.rcnbulletinjobsfair.com)



## Pledging support

RCN members are using social media to support the RCN's general election campaign, *Nursing Counts*. Pictures of members holding a sign explaining why they'll be voting in May will be posted and shared on Instagram, Facebook and Twitter. It is hoped the images will encourage and empower more members to vote on 7 May and provide a real picture of the vast numbers of nursing staff who want to get their voice heard on polling day. Visit [elections.rcn.org.uk](http://elections.rcn.org.uk)

## Reporting FGM

The RCN has welcomed government plans to introduce mandatory reporting of female genital mutilation (FGM). Under a proposed new law teachers, doctors and nurses will have to report suspected cases of FGM in girls under 18. RCN Chief Executive Dr Peter Carter said: "This is an important step towards ensuring that nurses, midwives and other health professionals act as they would with any suspected abuse and report it." See page 14 for more.

## New NMC code coming

Members registered with the Nursing and Midwifery Council (NMC) will shortly receive a copy of the revised code in the post. The code, which comes into effect from 31 March, is important as it sets out the professional standards of practice and behaviour that all registered nurses and midwives must uphold. Find out more at [www.nmc-uk.org/code](http://www.nmc-uk.org/code)

**RCN CONGRESS**  
DEBATES | LEARNING | EXHIBITION

## Book now

Members can now register to attend RCN Congress 2015. The free annual event is where members meet to learn, develop and share nursing practice. Congress receives widespread media coverage and provides a unique opportunity to place nursing issues at the heart of national debate. There is also a programme of professional, educational and social events. The event will be held at the International Centre in Bournemouth from 21 to 25 June. Book at [www.rcn.org.uk/congress](http://www.rcn.org.uk/congress)

## Training places

The RCN has welcomed an announcement by the Welsh Government that nurse training places will be increased by more than a fifth this academic year. The £80 million investment recognises the valuable part nursing staff play in delivering frontline care, the RCN has said.

Meanwhile, news of a three per cent rise in the number of places for student nurses and midwives in Scotland has been cautiously welcomed. "While the increase is positive, the current nursing workforce continues to be under huge strain," said RCN Scotland Associate Director Ellen Hudson. An extra 827 nurse training places will be commissioned in England in 2015/2016. The figures in Northern Ireland remain unchanged. The RCN has warned that only long-term investment in nurse numbers will allow the NHS to cope with demand.

# Staff overwhelmed by demand



*These findings need to be taken seriously*

The RCN has made a plea to whoever wins the general election to listen to and act on the experiences of NHS staff after results of the 2014 NHS staff survey for England showed growing pressure on the workforce.

The survey results, published last week, showed that 39 per cent of staff were made unwell by work-related stress and 71 per cent worked extra hours to try and deal with demand.

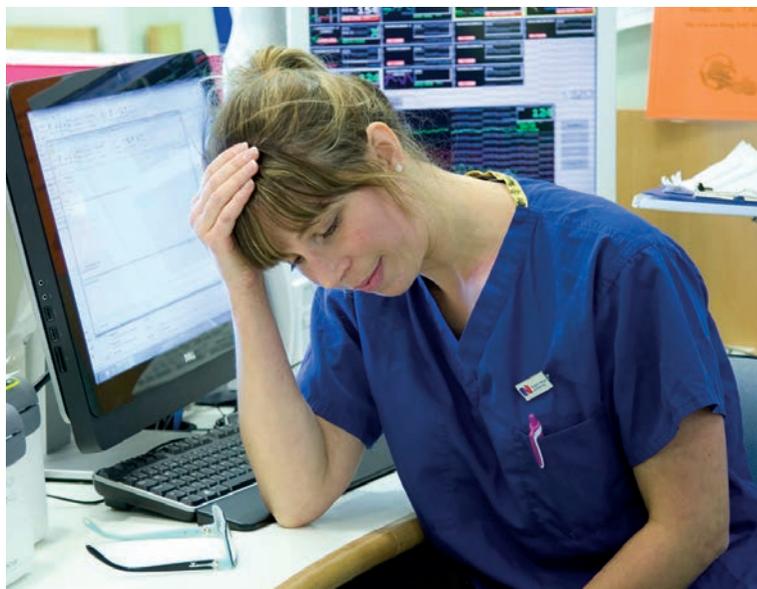
"These are clear signals that the hard work of staff is papering over deep cracks in our NHS," said RCN Chief Executive Dr Peter Carter. "Staff are overwhelmed by demand, and the frustrations of patients means we are still seeing an unacceptably high number of assaults against staff."

Survey results showed that just 41 per cent of staff felt valued by their employer and only 56 per cent

would recommend their organisation as a place to work. Less than a third of respondents said senior managers act on feedback and just over half said they would feel confident their trust would address a concern they had about unsafe clinical practice.

Dr Carter added: "Without the commitment, drive and hard work of its staff, the NHS would grind to a halt. And yet there is clearly a crisis of morale among staff, who feel underpaid, undervalued and under pressure. It is disappointing that we are still talking about greater openness in the NHS, after years of commitments, but the reality for staff and patients is that the culture change just has not been delivered."

The experiences of staff are a vital pressure gauge, Dr Carter stressed. "These findings need to be taken seriously by everyone in the NHS."



▶ Read the full survey results at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com)

## Dr Peter Carter steps down

### College Chief Executive announces plans to move on later this year

Dr Peter Carter has announced that he is to leave the RCN after eight years as chief executive.

He said: "The RCN is a great institution and it has been a privilege and a huge pleasure to be Chief Executive and General Secretary."

Describing his work at the College as a "wonderful time" in his career, Dr Carter paid tribute to the hard work of all those who work in health care. "There are countless experiences and people I have met that have given me memories I will cherish," he said, when he tendered his resignation last month.

"Every week I meet nurses and other health care workers in clinical settings and I am nothing other than hugely impressed by them. As a nation we should be proud of those who work in health care as the

vast majority give over and above what is expected of them."

He highlighted the significant challenges facing the College when he took up post.

"With the support of RCN Council and my colleagues we have taken forward the work of the RCN on behalf of our members. This has involved change in the way the College works and has resulted in financial stability and a huge increase in the membership of the College," he said.

"The RCN's credibility with stakeholders is very high and the College brings huge added value to the health agenda throughout the UK and internationally."

Michael Brown, Chair of RCN Council, said Dr Carter had been a champion "not only for our members but the whole nursing family and health services during his time with the College".



*Peter has really raised the profile of both nursing and the RCN*

He added: "Peter has really raised the profile of both nursing and the RCN and has consistently championed the very best in patient care. We thank him for all he has done for members and the College over the years."

Dr Carter will stay in post while his successor is appointed.

## Injured nurse praises legal support

### RCN secures compensation for learning disability nurse

The RCN has helped secure hundreds of thousands of pounds in compensation for a member after a workplace incident left her injured and unable to work. She suffered nerve damage and complex regional pain syndrome.

As a result of her injuries, Louise\* could no longer practise in her chosen field. An Access to Work assessment recommended many modifications, which her employer refused to implement. She was

eventually redeployed into a new role. However, her injuries left her unable to cope with the administrative duties she was given and after 19 years with the employer, her contract was terminated.

Louise said: "Having to fight for my job for so many years was horrific and I know I would have lost my claim without RCN backing. If you find yourself in this situation, don't give up, get in touch with the RCN. My steward helped me in the first instance and stayed with me throughout my redeployment and after my referral to the RCN legal

team. I couldn't have been happier with my representation."

Chris Cox, RCN Director of Legal Services, said: "The RCN's legal intervention in this case was essential because Louise's earning capacity had been severely restricted. Her employer took a confrontational approach and the member endured years of uncertainty. However, she eventually got the result she deserved."

For information on RCN legal support go to [www.rcn.org.uk/support/legal](http://www.rcn.org.uk/support/legal)



*I know I would have lost my claim without RCN backing*

*\*The member's name has been changed.*

## Students ‘need more protection’

### Call for greater support when raising concerns

The RCN has welcomed Sir Robert Francis’ *Freedom to Speak Up* review into creating an honest and open reporting culture in the NHS in England.

The review was set up to look at how organisations deal with concerns raised by staff and the treatment of those who speak up. It found that many staff are deterred from speaking out because they fear being ignored or victimised.

Sir Robert said more needs to be done to create a culture of openness and honesty across the NHS. His report proposes the introduction of a named guardian in every NHS trust to provide support and advice to whistleblowers.

Sir Robert visited the RCN in October last year to meet with nursing students and hear their experiences of raising concerns and their views on the reporting culture in health services. The event played



an important part in shaping the report. Sir Robert recommends that students should be given “additional protection”, with an independent person appointed to advise and monitor the wellbeing of students who speak out.

RCN Chief Executive Dr Peter Carter said: “This is a timely and realistic review of how many staff feel about raising concerns and it is borne out by what RCN members have been telling us for a number of years.”

The Government accepted the recommendations and will consult on how to implement them.



*This is a timely and realistic review*

## Agency nursing costs soar

### Trusts fall back on outside help

The NHS will spend at least £980 million on agency nursing staff in England this financial year unless urgent change is made, the RCN has said. In its latest *Frontline First* report, the College reveals results of Freedom of Information requests, showing the cost of agency nurses has increased by 150 per cent since 2012-13. The vast increase follows a series of high profile reports demonstrating the clear link

between staffing levels and safe patient care, and comes in the wake of winter pressures in A&E. Trusts have been increasing staffing levels to cope with growing demand, but are being forced to turn to agencies because they have too few nurses. Workforce cuts, cuts to nurse training places, years of pay restraint and attacks on terms and conditions have made retention and recruitment difficult, leading many nursing staff into agency work, the RCN reported.

[www.rcn.org.uk/frontlinefirst](http://www.rcn.org.uk/frontlinefirst)



## The view from here

**Charlene McCarthy**  
Egg Donation Co-ordinator



I love my job as a senior HCA at a fertility clinic. When people come in they often like to have a chat, and some need to have a cry, so it’s important to be a good listener. Fertility treatment can be a very private thing for some people – they sometimes don’t tell their friends or family so we need to make sure we are there for them.

It can be difficult when you build a rapport with a patient and by their fourth or fifth attempt they haven’t conceived. Fortunately I have a very strong team and we support each other well.

The baby visits are the best thing about my job. Every month patients are invited back and bring their newborns – it’s so wonderful when they finally have their little ones. You get to know these patients and it means so much when they have the baby they’ve been hoping for.

[www.rcn.org.uk/fertility](http://www.rcn.org.uk/fertility)



## Feedback

**Helen Hancox**

*RCN Pay Campaign Manager  
on excess hours*



### ● you get what you're owed?

The RCN's campaigning work to ensure members get what they're owed in their workplaces has been extended in the last month to a further nine NHS trusts in England and Northern Ireland.

Staff and activists have engaged with members to ensure they record and claim for any unpaid excess hours they work to highlight instances where their contractual rights are not being met.

The *Get What You're Owed* campaign has been welcomed by many members. It's also been welcomed by a number of nurse directors who are openly encouraging members to claim their contractual entitlements.

We've just about completed the first phase of the work. We've handed out packs and talked to members about what we hope to achieve. But really the work has only just begun. Staff and activists will continue to be on hand to discuss queries and assist members in submitting their forms.

It's really important that members recognise their worth and don't feel anxious about submitting forms. We expect that most employers will pay nursing staff what they're owed, but where they don't we will support members either individually or in groups to assert their contractual rights.

[www.rcn.org.uk/whatif](http://www.rcn.org.uk/whatif) ↗

# What you've been saying

## London bias?

I recently had an invitation from the RCN to a study day on obesity in London. I asked if there was a similar event in Manchester as both travelling to London and taking a day off for many nurses is an expensive process. I was told there were no plans to have the study day in the north and was advised to try to come to London.

Flicking through last month's *RCN Bulletin* has just confirmed the bias towards events in London. It would be really helpful to have some of these events in the north. Come on RCN, we pay our subs too!



**Name withheld, by email**

**Brian French, RCN Conference and Events Manager responds**

The RCN's events team is committed to organising events as close to our members as possible and always considers venue options outside London. But we also need to manage members' money responsibly.

Using RCN headquarters for events significantly diminishes the financial risks to the organisation, which is why it is often chosen

as a location. However, the team will continue in its endeavours to organise events on a UK-wide basis, to improve their accessibility to our audiences.

## A&E problems

I have noticed that more and more people attend GP surgeries for things that only require over-the-counter advice in a pharmacy. Some attend A&E, walk-in centres and GP surgeries for the most trivial reasons, which means that those with serious problems cannot get an appointment.

The numbers of patients who do not attend for appointments is unacceptable; we need to find a way to deal with this. We have an excellent pharmacy workforce, who could offer more advice to the public. We need to educate people what a medical emergency really is, so they don't waste the time of paramedics and other health care professionals.

These areas need to be addressed if we are to tackle the current problems facing A&E departments.



**Margaret Stubbs, by email**

## Hot topic

### How can frontline nursing staff effect change in their workplace?

"The change I would like to see is for every nurse to be prepared to speak out about how good patient care is being eroded," says **Karen Chilver**, a palliative care clinical nurse specialist. "It seems to me that this is because of the cuts to the NHS budget, and the reforms, which the Coalition Government itself has recently admitted were a mistake. Nurses care about patients. We need to let people know that what is being done to the NHS is not good for patient care. If we stick together, we can change things. Let's have an 'I am Spartacus' moment for the NHS."

**Tracey McBride**, a staff nurse on an oncology ward, agrees that nurses need to make their voices heard. "My feeling is that change can be brought about by teams working together with a common goal," she says. "We need to stand up for our rights and opinions. We are busier than ever now and need to fight for time with patients. I recently completed an incident form because we were a trained nurse down all shift and was asked why I had done that. To me it was obvious that if we don't say anything, nothing will change."

## a quick question

What makes a good Congress debate?

### “Informed arguments”

Catriona Forsyth

### “New angles”

Phil Noyes

### “Topical and contentious”

Carol Cleary



## Quote of the month

“I’m ready to turn the tables and tell our future MPs what I want”

RCN President  
Cecilia Anim

## 3 things I believe

1. Representatives are the backbone of the RCN - value them or lose them.
2. Stop boom and bust workforce planning that sets nurses and nursing up to fail.
3. The quote that sums me up: “Search for truth, love, beauty, desire, virtue, do the best” (Moses Mendelssohn).

Ngairé Cox,  
RCN Steward

# Making a change

Nursing is the solution to transforming patient care

In these times of pay restraint, increasing demands and unprecedented pressure on the nursing workforce, it’s perhaps easier to accept the status quo, put your head down and get on with the job in hand. Yet I know that the untapped potential of so many of our members is what holds the key to revolutionising our health and social care services. You have it within your gift to make changes, however small, that really make a difference to patients and service users day in, day out.

NHS Change Day on 11 March is an opportunity to pause and consider how we, as individuals, might influence care for the better. It doesn’t need to be anything big, nor groundbreaking and new, but perhaps something that’s struck you as requiring change that regular duties have got in the way of implementing.

I hear stories every day about the innovative work our members are doing, both in the independent sector and the NHS. The RCN’s and *Nursing Standard*’s nurse of the year awards



are testament to the hard work and dedication of both nurses and health care assistants who are leading developments in their specialty.

As we reflect too on the recent recommendations of Sir Robert Francis in his review into raising concerns, it seems to me that a shift can occur in how the views and experiences of nursing staff are valued within the health care system. It confirms what we’ve known all along. Leaders would do well to listen. Nursing is the solution.

Visit [changeday.nhs.uk](http://changeday.nhs.uk)

**Dr Peter Carter**  
RCN Chief Executive



### Convince me

Occupational health nursing needs to be seen as a staff wellbeing service that is proactive in managing staff health and wellbeing issues to prevent and lessen health problems at work. The often-held view is that it is a “last resort” when managers no longer know how to manage a situation and work may have already damaged a person’s health.

Lesley Pallett,  
Workforce Health and Wellbeing  
Specialist Adviser



### What I’ve been reading

Lately I have been reading a great deal of news articles, website posts, and reports focusing on the “Hello my name is” campaign started by Dr Kate Granger. I believe this issue is so important to nursing practice. If nurses and other health care staff are to truly value the people they are caring for then all of us must introduce ourselves to our patients and seek to establish how they wish to be addressed.

Donato Tallo,  
staff nurse, acute hospital sector



## From the heart

Kathy Cosgrove  
Neonatal nurse



When I was 49, I decided to apply for a job in New Zealand. I applied for neonatal work through an agency and after a telephone interview I was offered a full-time staff nurse post. With some trepidation, two months later I flew to the other side of the world to work in New Plymouth.

I absolutely loved it and ended up staying eight years, making many new friends and even becoming a New Zealand citizen. I had many trips back to the UK in that time and all my children came to visit and had wonderful holidays. Working in a different culture was stimulating and fun. It makes you think outside the box and challenge habitual practice. Learning about the British maltreatment of the indigenous Maori population years ago was a sobering encounter.

If you’re considering working abroad, go for it. Yes, you miss your family, but it’s a rewarding experience – however old you are.

[www.rcn.org.uk/international](http://www.rcn.org.uk/international)

# No longer wanted?

Changes to UK immigration rules may bring nursing shortages and could have a major impact on individuals, says Sharon Palfrey

As a senior staff nurse working in a children's hospital, Jodie Cashill is dedicated to her work and keen to develop her career. But a change to the UK's immigration rules could result in huge challenges for her because Jodie is an Australian national. She, like anyone who entered the UK after 6 April 2011, now needs to meet a new income threshold of £35,000 a year if she wants to continue working in her adopted country.

Jodie first came to the UK with a working holiday visa. She loved her time in London, so went back to Australia to apply for a tier 2 visa, which allowed her to return to the UK to work. Four years later she now does invaluable work as a band 6 nurse. But this isn't enough.

"I'm in a catch-22 situation," she says. "To progress my career and increase my salary to meet the new income requirements I need to complete a conversion course because my Australian children's nursing qualifications aren't recognised in the UK. But I can only get funding if I have indefinite leave to remain in the UK, which I can't get if I don't meet the income threshold."

Jodie is in a slightly more fortunate position than some because she hopes that when she receives her next incremental pay increase she may meet the new salary requirements. But even then, that's only if she includes her London weighting and unsocial hours payments, which not all nursing staff can rely on. Across the UK, nurses from outside the European



*This will have a significant impact on nursing levels and morale in the workplace*

Visit [www.rcn.org.uk/tier2](http://www.rcn.org.uk/tier2) for more information or go to [www.rcn.org.uk/immigration](http://www.rcn.org.uk/immigration) to contact the RCN Immigration Advice Service.

Economic Area (EEA), who were brought into the country to reduce the shortages in nursing, are now faced with having to leave.

## Significant impact

"Employers invested a lot to train and integrate non-EEA national nurses. They expected they would be allowed to stay as long as they had completed the five-year residence period and were still needed in their place of work," says Julie Moktadir, RCN Senior Immigration Adviser. "It's having a disproportionate impact on nurses who simply don't meet this new income threshold."

Julie says the likelihood of nurses reaching the required level of income after being in the UK for the five-year period is extremely limited. The tier 2 visa can only be extended for a maximum of six years and subsequently these nurses will need to leave the UK.

"This will have a significant impact on nursing levels and morale in the workplace. After five years nurses have established themselves, understand the system and developed mutual respect. In the long term this will add to nursing shortages, as these individuals will have no choice but to leave the UK," she adds.

## Influencing change

The RCN has written to the Home Secretary appealing for more nursing positions to be included on the shortage occupation list (SOL) as nurses working in these positions don't need to satisfy the income threshold. The College has also contributed to the Migratory Advisory Committee's review of the SOL, the outcome of which is yet unknown.

# Shaping the debate

Stuart McKenzie will take centre stage at RCN Congress in Bournemouth this year as he chairs the event for the first time. He talks to Kim Scott about his vision for the role

In a few weeks' time a decision will be made on what topics come under the microscope at the biggest and most influential event in the nursing calendar. RCN Congress is still three months away but plans to ensure it hits the headlines have been underway since last year.

In the role of chair is Stuart McKenzie, a clinical nurse manager from Glasgow who works in forensic and rehabilitation services. He has strong ideas about how he wants the event to be run.

"We must be bold and brave," he says. "We can't shy away from contentious debate, all saying the same thing as we come up to the stage. We must word things in a way that provokes a reaction so that people can present an informed and educated argument."

"Congress is an opportunity to show the world how varied and spectacular the profession is and to showcase the talent, knowledge and passion of nursing staff."

Stuart, one of the youngest members to be elected Chair of RCN Congress at the age of 39, will take on the role in Bournemouth for the first time in June, though he has eight years of experience on the agenda committee, which makes recommendations about what should be up for debate. He will be supported by BJ Waltho, his deputy, and four other elected members.

"It's a privilege but also a huge responsibility," he says. "Delegates need to trust you to deliver, to not hide from the political spotlight or

shy away from being analytical of the RCN." So what would he like to achieve with Congress this year? How will it be different from events past?

## Keeping things fresh

"We always talk about how to make Congress more accessible to the wider membership but we need to move beyond chat and take action," he stresses. The solution, according to Stuart, might be to challenge each RCN branch, to give them key performance indicators, so that they're tasked with attracting a set percentage of new faces.

"We must keep Congress fresh. Nursing practice changes from generation to generation. The needs of patients are constantly evolving and as a result, so is nursing. We need to reflect that," he says.

As for the actual agenda, this will consist of a mix of resolutions, which call on the RCN to take action on set issues, and matters for discussion, which aim to inspire member debate. One hundred and thirty items were initially submitted by RCN branches, boards, committees and forums – a number already narrowed down to just 25 following two days of intense scrutiny by the agenda committee.

"We basically review each item in turn and thrash it out between us. If we find ourselves passionately debating something, we know we're on to a winner," says Stuart. What the committee is looking for is a balance of trade union and professional items, those that cut



*Congress is an opportunity to showcase the talent, knowledge and passion of nursing staff*

across specialties and experience to appeal to the greatest number of nursing staff.

This year, however, emergency agenda items, which can be submitted up to and including the week of Congress, will come into their own. "As the event takes place after the general election, the political landscape is difficult to predict. It provides an opportunity though. We can really hold politicians to account."

Registration for RCN Congress is now open. As well as the main agenda, Congress features an exhibition and a diverse range of events aimed at helping members develop professionally.

Visit [www.rcn.org.uk/congress](http://www.rcn.org.uk/congress)

## ‘Truly making a difference’

Two RCN members are part of a breast radiation injury rehabilitation team helping patients to feel more optimistic about the future. Sophie Lowthian reports



Tying a hair bobble is something many women take for granted. But for Tina Cairns it was just one of a long list of things she was finding difficult due to brachial plexus injury – a rare condition that can develop as a result of historical radiotherapy.

Tina first had radiotherapy in 1993. Two years previously a woman called Lady Audrey Ironside took her doctor to court for damages following extensive radiation injuries, citing medical negligence. Although the case was discontinued, it was the catalyst for the development of Radiotherapy Action Group Exposure (RAGE), a patient activist group.

RAGE’s campaigning means that patients can now access a highly specialised national service. Managed by RCN member Denise Moorhouse, and based at the Royal National Hospital for Rheumatic Diseases in Bath, the service offers a

two-day clinic and, if appropriate, a two-week residential programme. Since *RCN Bulletin* first spoke to Denise 18 months ago, the service has gone from strength to strength.

### Notable improvement

Tina recently completed the residential programme and has experienced a notable difference in her pain. “I didn’t know which way to turn with my arm. I first noticed the pain 10 years ago, and over the last four years there’s been deterioration and loss of strength,” she says.

Starting the programme felt like a weight had been lifted off her shoulders, she says. “I was with other people and a team that understood my condition and knew what I was going through,” she adds. “The programme really opened my eyes to ways to manage my pain. Yes, the exercises increase the pain in the short-term, but no pain no gain, I say.”



*I can’t recommend the service highly enough*

Once people have completed the inpatient programme there is a three-month follow-up. “It’s incredibly reassuring to not be abandoned when you go home,” says Tina. “I can’t recommend the service highly enough.”

RCN member Sharon Lloyd (pictured) is the service’s lead nurse and the first point of contact for patients. “Since our first clinic in September 2012, feedback and data have shown the service truly is making a difference,” she says. “Commissioners have granted further funding to keep it running and we are hoping to expand in the near future.

“We want to make sure we’re helping everyone we can,” she adds. “When I was a district nurse there may have been patients I saw who had this condition but I wouldn’t necessarily have recognised it. We know there are women out there not getting the help they need.”

### Did you know?

All registered nurses can refer patients and the service is free to all people registered with a GP or oncologist in England and Wales. Results from 105 patients from September 2012 to September 2014 show:

- 13 per cent reduction in pain intensity
- 23 per cent reduction in pain interfering in their lives
- 50 per cent reduction in depression
- 38 per cent increase in social function.

▶ Watch a film about the service at <http://vimeo.com/90741807>

Visit [www.rnhrd.nhs.uk/175](http://www.rnhrd.nhs.uk/175)

Join the RCN Cancer and Breast Care Forum at [www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)

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# More than managing

Two managers are representing the interests of other RCN members at NHS England during a worrying period of workplace change. Sharon Palfrey hears how they do it

“The NHS has changed so much. There have been so many reorganisations,” says Sue McGorry (pictured), a quality and safety manager and now an RCN steward at NHS England. “Prior to joining NHS England, I worked for a primary care trust, but just a year on from transition, the organisation faced yet more change.”

Sue became an RCN steward because she was unhappy that nurses’ voices aren’t always represented and frustrated that staff are facing more upheaval. As a manager, she brings valuable skills and knowledge to her representative role, including a strategic overview and a wider understanding of the organisation.

Sue is involved in the regional and national work of NHS England, attending a monthly partnership forum on behalf of the RCN. “I have strong feelings about the impact organisational change can have on staff. I know from experience that it can be very worrying as I was there, going through it, the last time. I believe passionately that we need to make things better and I’ll do everything I can to make the reorganisation a fair process.”

Facing large organisational change as a new representative has certainly been challenging, Sue says. “But I get excellent support from the RCN regional office, employment relations department and from my mentor so I’m in a strong position to stand up for members.”

Sue thought hard before applying to be a representative. “There were many considerations to take into



*Becoming a representative is really good in terms of your own development*



account, but my managers and my director were really supportive. For all the challenges we are facing I am confident that the RCN will work in partnership – not against – NHS England.”

## Career opportunity

And for members who may think becoming a steward is an unwise career move, Sue has some advice. “Being a steward is a great opportunity to get noticed at a senior level,” she says.

Tracey Slater, also a steward and a manager for NHS England, agrees: “Becoming a representative is really good in terms of your own development. It’s not academically difficult but you do need to be able to reflect on your learning.

“Having a professional perspective helps me when I’m negotiating because I can make it clear that we

have considered the impact any actions will have on patients.”

Sue Bucksey, RCN Employment Relations Adviser, says Sue and Tracey’s work has been invaluable in helping to mobilise members. “Sue and Tracey have paid time off from work but their personal input cannot be overstated,” she says. “They’ve ensured that the principles of fairness and consistency are applied and provide incredibly useful information to RCN officers.”

## NHS England

NHS England must reduce its running costs by between 10 and 15 per cent in 2015-16 with the organisation’s Chief Executive saying that savings of around £80 million must be made. Hundreds of staff are currently affected and there will be further job losses to come.

➔ If you work for NHS England and are interested in a representative role, email [sue.bucksey@rcn.org.uk](mailto:sue.bucksey@rcn.org.uk)

# Life support

Tom Metcalf talks to a member who found the RCN Peer Support Service provided invaluable help after a serious accident



When Sophie tripped over a ladder and fell down the stairs while decorating her house nearly two years ago she was 30 – a staff nurse in the prime of her working life.

The accident left her with a serious back injury and a lifelong bladder condition. As well as having to take an initial five months off work – and more since – she has also had problems socially.

“Being a young and active person, you just never expect it,” she says. “I was worrying a lot about everything, including the possibility of losing my job, and was really down in the dumps.”

Then one day early last year her local union representative told her about the RCN Peer Support Service, which she says has changed her life.

The service works by matching users with those who have gone through a

similar experience. Members fill in a form about their injury or illness and the peer support team use key words to provide matches. Members are then free to contact their matches should they wish.

## Simple process

“I couldn’t believe how simple it was,” says Sophie. “You’re provided with matches of people in similar situations really quickly and can look at everyone’s stories and decide who to speak to. You don’t have to phone – you can text or email if that’s what you’re more comfortable with. And you can talk about anything that worries you – financial problems, work problems – not just your condition.”

While initially nervous about making contact, Sophie says joining the group has paid dividends. “It was daunting to start with. I didn’t know who to talk to and I didn’t



*Getting involved is one of the best things I've done*

want to be inundated with messages from people, but it’s been such a positive experience for me. Getting involved was one of the best things I’ve ever done. I was looking for help from somewhere. I’d tried counselling but it’s not the same as talking to someone who has first-hand experience of what you’re going through.”

As well as receiving support, Sophie has also been able to comfort others, making new friends in the process. “People have been really supportive and recently some have been looking for support from me,” she says. “As I’ve gone through a similar sort of thing I just tell them it will work out in the end, as that’s what I wanted to hear. Giving advice and support makes me realise how much I’ve gone through and how I can help people in the initial stages.”

Sophie is now back working three days a week, and while her bladder condition is permanent her back injuries are much better. She urges anyone in a similarly difficult situation to get in touch with the RCN Peer Support Service. “It’s a lifeline that people need when they’re going through tough times. It’s life changing,” she concludes.

## Here for you

The RCN Peer Support Service is for any member affected by physical or psychological injury, ill health or disability, whether work-related or not. It assists members in making connections with their peers to give and receive support.

▶ Visit [www.rcn.org.uk/peersupport](http://www.rcn.org.uk/peersupport) to find out more.

# FGM: zero tolerance, maximum action



The RCN has launched updated guidance for members on female genital mutilation (FGM).

*Female Genital Mutilation: An RCN Resource for Nursing and Midwifery Practice*, was released to coincide with the International Day of Zero Tolerance for FGM, a UN-sponsored awareness day, on 6 February.

The guidance highlights some of the ways of tackling FGM, such as information sharing across health and social care services, and the education of the public and health care workers to raise awareness.

To mark the launch an event was held at RCN headquarters in London featuring speakers from the RCN, senior nurses and midwives, leading FGM charities and the police.

In her opening remarks Carmel Bagness, RCN Professional Lead for Women's Health and Midwifery, urged delegates to raise awareness of FGM.

"According to the World Health Organization, 6,000 girls a day are at risk of FGM. If each of us talks to one person about FGM who doesn't know about it, and encourages them to spread the message, then soon there will be a lot more people out there who are angry about this form of abuse."

Launching the guidance, Janet Davies, RCN Director of Nursing and Service Delivery, said: "Nurses



*Nurses need to know what they can do to help people at risk*

need to know what they can do to help people at risk. Make sure your colleagues and contacts access this document. We all have a responsibility to support the message."

Detective Superintendent Jason Ashwood, the Metropolitan Police strategic lead for tackling FGM, said health care workers have a crucial role to play in safeguarding vulnerable women and girls.

"The key to policing FGM is the relationship with health and social care," he said. "Safeguarding is really important because by the time it gets to the prosecution stage it's too late to prevent it from happening. That's why we rely on nurses to help identify people who might be at risk."

Download the updated guidance from [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## Opening doors

One of the benefits of being an RCN forum member is the opportunity it provides to influence national policy

Carolyn Doyle, a Pain and Palliative Care Forum Committee Member, recently gave evidence to the Commons Health Select Committee, alongside Amanda Cheesley, RCN Professional Lead for Long Term Conditions and End of Life Care.

There is a select committee for each government department and their job is to examine and report on issues covered by that department. Carolyn and Amanda were put forward by the RCN to give evidence on end of life care.

The experience was a first for Carolyn, lead nurse for end of life care and interim lead for Thurrock integrated community team at North East London NHS Foundation Trust.

"It felt like the start of a whole new chapter in my career," she said. "I've been nursing for more than 30 years and I've always been very vocal and proactive at a local level, but being part of the forum has opened doors nationally and given me new opportunities. It's given me a voice.

"Nurses often get on with the day job but don't always grasp the chance to influence nursing at a higher level. Speaking about my

experience on the frontline was a privilege and one that more staff at the coalface should embrace."

Appearing in front of a select committee for the first time was a daunting experience, but Carolyn felt prepared and is glad she did it.

"I've been energised by the experience. Being involved in something like this makes such a huge difference to your motivation. It rekindles that passion for nursing. I wish I'd done it years ago."

Join the RCN Pain and Palliative Care Forum at [www.rcn.org.uk/pain](http://www.rcn.org.uk/pain)



*It felt like the start of a whole new chapter*

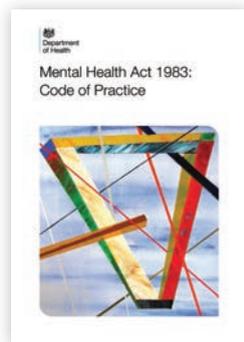
## Mental health code

The Department of Health has recently published a revised code of practice for the Mental Health Act 1983.

The RCN was consulted on the new code and the revision was driven by the Positive and Safe programme launched last year, which the College played a leading role in shaping.

The revised code aims to provide stronger protection for patients and clarify roles, rights and responsibilities. It includes five new guiding principles.

Ian Hulatt, RCN Professional Lead for Mental Health, said: "Members need to get familiar with this new document. It will enable them to better enact the Mental Health Act and protect service users and staff."



Read the revised code at <http://tinyurl.com/oy6ol9h>

## Looked after children

The RCN has published a new document relating to members' experiences of caring for vulnerable young people. *RCN Survey of Nurses Working with Looked After Children* follows on from an RCN-led networking event in 2013 which captured the views of nursing staff.

Concerns were raised relating to changes in NHS structures, commissioning of services, workload and capacity, and roles and responsibilities, as well as the potential perverse impact of the introduction of a payment by results tariff and unsafe working practices.

Addressing the findings highlighted in this report will help move services forward and give clearer definition to professional roles and service design.



Visit [www.rcn.org/publications](http://www.rcn.org/publications)

## SOTN conference

The call for abstracts is open for the RCN Society of Orthopaedic and Trauma Nursing annual conference and exhibition. The conference will take place in Nottingham from 10 to 11 September and the call for abstracts is open until 13 March.

A small number of discretionary places are available for pre-registration nursing students. For more information email [orthopaedic@rcn.org.uk](mailto:orthopaedic@rcn.org.uk) or visit [www.rcn.org.uk/ortho15](http://www.rcn.org.uk/ortho15)

## Committee change

The RCN Children and Young People Acute Care Forum is pleased to welcome two new committee members. Dave Clarke and Sarah Neill were successfully appointed following a competitive process.

Both have extensive research backgrounds. They have already represented the RCN at several meetings, including at the House of Lords, and have assisted in formulating guidance.

This promises to be a busy year for the forum with the first RCN and Royal College of Paediatrics and Child Health joint conference and RCN Congress to plan for. Visit [www.rcn.org.uk/cypacutecare](http://www.rcn.org.uk/cypacutecare)

## Congress call

The RCN Pain and Palliative Care Forum plans to host two events at this year's RCN Congress and wants members to get involved. Forum Chair Felicia Cox said: "We are keen that forum members have the opportunity to attend and vote at Congress on behalf of the forum." Those interested should email [nik.payne@rcn.org.uk](mailto:nik.payne@rcn.org.uk)

## What I'm thinking

**Doreen Crawford**  
Chair, CYP Acute Care Forum



Health services for children and young people in this country have been a low political priority for years and the result is that they have some of the worst health outcomes in Western Europe. The report by the Children and Young People's Health Outcomes Forum in 2012 highlighted the link between an inadequately trained workforce and those poor outcomes.

Early indications are that the Shape of Caring review of nurse training and education could propose a longer common foundation programme, with nurses going on to specialise in the final year. This may pave the way for the return of the "generic nurse".

I hope not. Children's nurses are special, but caring for children is not a specialty. Children and young people require care which crosses health, social care and education boundaries. They need care which brings together acute services, community health and care which encompasses physical and mental wellbeing.

Read more from Doreen on the CYP Acute Care Forum blog at [www.rcn.org.uk/cypacutecare](http://www.rcn.org.uk/cypacutecare)

[www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)

## RCN International Nursing Research Conference 2015

Monday 20 – Wednesday 22 April  
East Midlands Conference Centre,  
University Park, Nottingham NG7 2RJ



Participate in critical debate and promote and develop nursing knowledge with researchers from diverse clinical and academic settings from around the world. This event will help to facilitate sharing and collaboration between health care researchers. It aims to promote and develop nursing knowledge through the presentation of research papers on a huge range of topics from nurses' attitudes towards intellectual disability to the perspectives of refugee health nurses. The full programme with details of key speakers and concurrent sessions is now available online.

Visit [www.rcn.org.uk/research2015](http://www.rcn.org.uk/research2015) or email [research@rcn.org.uk](mailto:research@rcn.org.uk) for more information.

### Scotland

[www.rcn.org.uk/scotland](http://www.rcn.org.uk/scotland)

#### Glasgow

Tuesday 28 April  
Crowne Plaza Hotel,  
Congress Road, Glasgow G3 8QT  
*Distinct Professions; Shared Care*  
– health and social care  
integration conference.

Conference bringing together professional leaders in an interactive, practice-focused event. Register your interest at [http://bit.ly/distinctprofessions\\_sharedcare](http://bit.ly/distinctprofessions_sharedcare)

### Northern Ireland

[www.rcn.org.uk/northernireland](http://www.rcn.org.uk/northernireland)

#### Belfast

Monday 23 March,  
9.30am–12.30pm  
RCN Northern Ireland HQ, 17  
Windsor Avenue, Belfast BT9 6EE  
*Raising Our Awareness.*  
Joint RCN and Royal College of  
Midwives seminar on female  
genital mutilation. Email  
[cst@rcn.org.uk](mailto:cst@rcn.org.uk)

### Wales

[www.rcn.org.uk/wales](http://www.rcn.org.uk/wales)

#### Llandrindod Wells

Friday 10 April

The Highland Moors Hotel,  
Wellington Road, Llandrindod  
Wells, Powys LD1 5ND  
Two RCN Wales seminars.  
In the morning, *Dementia  
Awareness*, and in the afternoon,  
*Care Planning for Dementia  
Patients.*  
Call 02920 680713 or email  
[rhona.workman@rcn.org.uk](mailto:rhona.workman@rcn.org.uk)

### East Midlands

[www.rcn.org.uk/eastmidlands](http://www.rcn.org.uk/eastmidlands)  
Nottingham

Wednesday 11 March, 5.30pm  
Union office, Nottingham City  
Hospital, Hucknall Road,  
Nottingham NG5 1PB  
RCN Nottingham members'  
meeting.

All RCN Nottingham members  
are invited to attend this branch  
meeting. The union offices are  
located in the old HPA building,  
near Maggie's Cancer Caring  
Centre, and can be reached via  
Gate 3 near the green entrance.

### Eastern

[www.rcn.org.uk/eastern](http://www.rcn.org.uk/eastern)

#### Chelmsford

Wednesday 25 March  
Marconi Centre, Chelmsford  
CM2 9RX

### *Nursing Leadership: Building Resilience and Raising Standards in the Independent Sector.*

This conference aims to empower delegates to understand how to work with external partners for the benefit of patients and to examine the future growth of health and social care. Cost is £120 (as a home manager you are able to bring one clinician and one HCA free of charge). Details from [jenna.williams@rcn.org.uk](mailto:jenna.williams@rcn.org.uk)

### London

[www.rcn.org.uk/london](http://www.rcn.org.uk/london)

#### Westminster

Wednesday 18 March, 5pm  
RCN London Office, 5th Floor,  
20 Cavendish Square, London  
W1G 0RN

RCN Women's Health Network.

All RCN members welcome.  
[zoe.jammeh@rcn.org.uk](mailto:zoe.jammeh@rcn.org.uk)

### North West

[www.rcn.org.uk/northwest](http://www.rcn.org.uk/northwest)

#### Manchester

Friday 27 March, 9.30am–4pm  
Manchester United FC, Old  
Trafford, Sir Matt Busby Way,  
Manchester M16 0RA  
North West mental health and  
learning disability trusts  
conference.

Keynote speaker: RCN Chief  
Executive Dr Peter Carter.

### Northern

[www.rcn.org.uk/northern](http://www.rcn.org.uk/northern)

#### Sunderland

Monday 13 April, 1–4pm  
RCN Sunderland Office, Avalon  
House, St Catherine's Court,  
Sunderland Enterprise Park,  
Sunderland SR5 3XJ  
RCN Retired Nurses' Group  
meeting.

All retired members welcome.  
For information or to book,  
email [colette.ross@rcn.org.uk](mailto:colette.ross@rcn.org.uk)

### South East

[www.rcn.org.uk/southeast](http://www.rcn.org.uk/southeast)

#### Worthing

Tuesday 10 March  
Worthing Leisure Centre,  
Shaftesbury Room, Shaftesbury  
Avenue, Worthing BN12 4ET

### *Celebrating Health Care Assistants/Health Care Workers and Support Workers.*

Topics to include: exploring the "6Cs", dementia care, caring for people with frailty, and accountability. RCN members and non-members welcome (£10 for non-members or join on the day and enjoy the event for free). Counts towards your continuing professional development. Lunch included. Contact [ian.ginno@rcn.org.uk](mailto:ian.ginno@rcn.org.uk)

### South West

[www.rcn.org.uk/southwest](http://www.rcn.org.uk/southwest)

#### Exeter

Tuesday 14 April, 7–9pm  
Buckerell Lodge, Topsham  
Road, Exeter EX2 4SQ

RCN Devon branch meeting.

All members of the RCN Devon  
branch are welcome to attend.

### West Midlands

[www.rcn.org.uk/westmidlands](http://www.rcn.org.uk/westmidlands)

#### Burton-on-Trent

Wednesday 25 March, 2pm  
Lecture Theatre 2, Medical  
Education Centre, Queen's  
Hospital, Belvedere Rd,  
Burton-on-Trent DE13 0RB  
RCN South Staffordshire local  
learning event: *Building Your  
Portfolio and NMC Revalidation.*

This interactive session will  
focus on portfolios for NMC  
registrants and non-registrants,  
including revalidation and how  
to meet NMC requirements. It  
will also explain the uses and  
development of a professional  
portfolio, demonstrate how to  
use reflective practice to  
evidence learning and signpost  
attendees to the best resources  
to support portfolio building.

### Yorkshire & the Humber

[www.rcn.org.uk/yorkshireandhumber](http://www.rcn.org.uk/yorkshireandhumber)

#### Leeds

Monday 13 April, 2–4pm  
RCN Leeds Office, 9 Bond  
Court, Leeds LS1 2JZ

RCN Leeds branch meeting.

All members of the RCN Leeds  
branch are welcome to attend.